



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Mr. Christopher S. Lehmann, Managing Member
Plymouth Manor Personal Care Center LLC
144 North Main Street
Old Forge, Pennsylvania 18518

RE: Plymouth Manor Personal Care Center
120 Martz Manor
Plymouth, Pennsylvania 18651
License #: 225870

Dear Mr. Lehmann:

As a result of the Department of Human Services' annual licensing inspection on January 26, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director_{SH}

Enclosure
License Inspection Summary

Violation Report: 22587 - 01/26/2016 - Rushin, Julienne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 1/26/2016, at 8:05 am, Department Representatives noted the room where resident records are stored was unlocked and accessible to the public.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Med room doors will be locked at all times when a PCA staff member is not present.

01/26/16: Corrected immediately - Both Doors Locked.

01/27/16: Staff training provided to PCA staff on importance of locking door, privacy, risks involved, and state regulations. Importance of locking stressed during busy morning times when PCA's present in lobby, going in/out to answer phones; med room doors must be locked after each time opened/entered.

Administrator will continue to reinforce above and monitor daily that doors remain locked when PCA staff not present.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	01/28/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher J. Lehmann, Managing Member Date 2/18/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/25/16
 (Date)

Plan of correction implementation status as of 2/25/16
 (Date)

The above plan of correction was approved by m
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22587 - 01/26/2016 - Rushin, Julianne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.


2a. DESCRIPTION OF VIOLATION
 The resident contract, dated 9/29/15, was not signed by resident #6.

3. PLAN OF CORRECTION (POC). (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All resident contracts will be signed by resident along with POA or responsible party, even if a signature/markings is used to represent resident's acknowledgement of contract. If resident refuses to sign, notation will be made of this.

01/26/16: Corrected immediately. Resident signed contract by power of attorney's signature already on contract.

All contracts will be signed by resident as well, even though the POA or RP has signed. The resident will sign or make a mark to indicate acknowledgement of contract. If a resident refused to sign with POA or RP, a notation will be added to indicate that by the administrator.

The administrator shall monitor and assure ongoing compliance

 2/25/16

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher S. Lehmann, Managing Director Date 2/18/16

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The above plan of correction is approved as of 2/25/16
 (Date)

Plan of correction implementation status as of 2/25/16
 (Date)

The above plan of correction was approved by M
 (Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22587 - 01/26/2016 - Rushin, Julienne
PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
The exhaust fan in the shared shower room located in the long hall of the home was coated with a thick layer of dust.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Exhaust fan in shower room and exhaust fans in all rooms will be kept free of dust.
01/26/2016: Exhaust fan in shower room corrected immediately. Fan cover was cleaned and blades were cleaned.
Exhaust fans in shower room and resident room bathrooms are now on a monthly check list for dusting/cleaning to ensure they will be kept clean from dust build up. Housekeeping will monitor fans and dust monthly.
• Administrator will do monthly check on all exhaust fans to ensure dusting occurs and to keep fans free of dust build up.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/28/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher S. Lehmann, Managing Member Date 2/18/16

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Plan of correction implementation status as of 2/25/16 (Date)

The above plan of correction was approved by *M* (Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22587 - 01/26/2016 - Rushin, Julianne
PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

2a. DESCRIPTION OF VIOLATION
The bathroom exhaust fan in resident room # 13 is not functioning.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All bathroom exhaust fans will be maintained in good working order or replaced if not working properly.
01/27/16: New exhaust fan installed and in good working order.
Monthly checklist to test all exhaust fans in good working order in place for housekeepers to check monthly.
Administrator will do monthly check on all exhaust fans to ensure in good working order.

Repeat Violation: Yes. Date(s) of Previous Violation(s): 01/28/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Christypher J. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christypher J. Lehman, Managing Member* Date *2/18/16*

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(Date)

Plan of correction implementation status as of 2/25/16
(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22587 - 01/26/2016 - Rushin, Julianne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The lamp next to the bed closest to the door in resident room #1 is not working.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Lamp in room was 1 - Plug was not pushed in all the way into electrical socket. Once plug was pushed in, lamp was then operable on 01/26/16.

All residents shall have an operable lamp at bedside.

Housekeeping will double check lamp is operable after moving furniture to dust or vacuum to ensure lamp plug is in electrical outlet and operable.

The administrator shall monitor and assure ongoing compliance.
 m
 2/25/16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher S. Lehmann, Managing Member Date 2/18/16

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Violation Report: 22587 - 01/26/2016 - Rushin, Julianne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 The following items were noted in the home's kitchen freezer not properly sealed: 1-8lb. bag of French fries, a clear bag of chicken patties and a clear bag of biscuits.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All food will be sealed correctly in kitchen freezer or refrigerator.
 01/26/16: Corrected. Food above sealed properly by cook.
 01/27/16: Kitchen staff was provided training on food safety/quality regarding keeping food sealed properly.
 Administrator provided all staff with food safety training again on 01/27/16. A training was given to all staff on food safety and quality.
 Administrator will check freezers for properly sealed food.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Christophers S. Lehman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christophers S. Lehman, Managing Member* Date *2/15/16*

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Violation Report: 22587 - 01/26/2016 - Rushin, Julianna
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home did not submit their emergency procedures to the local emergency management officials for review in 2015.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Emergency procedures plan is to be sent out yearly for review by local emergency management agency and this will be done annually.

Corrected emergency procedures were submitted to local emergency management agency for review by their organization.

Administrator will make sure emergency procedures are submitted annually to local emergency management agency per state regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christopher A. Lehman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christopher S. Lehman, Managing Member* Date: *2/18/16*

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Violation Report: 22587 - 01/26/2016 - Rushin, Julienne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 On 1/28/16 at 9:00am, Department Representatives noted resident #5 smoking outside at the bottom of the stairs leading to the home's activity room and again at 12:30 pm to the left of the main entrance near the soda machine. Neither area is designated for smoking.
 Approximately 30 cigarette butts were noted in the mulch to the right of the steps leading to the home's main entrance.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residents are to smoke only in the designated resident smoking area across from parking lot with fireproof receptacles.

Residents aware and agree to house rules. Smoking is only permitted in designated resident smoking area.

In December 2015, January 2016, and February 2016 the smoking policy was reviewed at the resident council meeting.

12/28/15: Smoking residents meeting was held regarding smoking rules per house rules in contract, state laws & regulations, and consequences for non-compliance. Residents signed regarding their understanding of this. Resident #5 was aware of the house rules and designated resident smoking area. Resident was present at smoking policy meeting and signed off.

01/25/16: Resident received verbal warning that next time she is smoking in non-designated area a 30-day notice will be given.

1/26/16: State inspectors witnessed resident #5 smoking.

Resident #5 is currently moving out of facility on her own accord. Last day will be 03/13/16.

Administrator will continue to monitor smoking residents and property for cigarette butts on a regular basis. Any cigarette butts will be cleaned daily.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehmann, Managing Member* Date *2/18/16*

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Violation Report: 22587 - 01/26/2016 - Rushin, Julienne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 1/26/2016, at 9:05am, Department Representatives noted the doors to the medication room were unlocked. The following medications were found in a cabinet in the back area of the medication room: 1 bottle of Bayer Aspirin 81mg; 1 bottle of Bismat; 1 bottle of Advil; 1 bottle of Centrum vitamins and an opened bottle of hydrogen peroxide.

On 1/26/2016, at 3:16 pm, Department Representatives noted a bottle of Metformin 500mg and a bottle of artificial tears prescribed to resident #1 on the front desk of the medication room which is an open area accessible to other residents and the general public.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

~~Include steps to correct~~ the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Med room doors will be locked at all times when a PCA staff member is not present.

01/26/16: Corrected immediately – Both doors locked.

Staff training provided on 01/27/16 to PCA staff on importance of locking door, privacy, risks involved and state regulations.

Administrator will continue to reinforce above and monitor that doors remain locked to med rooms at all times when PCA staff not present.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher A. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher A. Lehmann, Managing Member* Date *2/18/16*

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The above plan of correction is approved as of *2/25/16*
 (Date)

Plan of correction implementation status as of *2/25/16*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *M*
 (Initials)

Violation Report: 22587 - 01/26/2016 - Rushin, Julienne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 An Advair Diskus 500/50 prescribed for resident # 2 is not marked to indicate the date it was opened.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above, and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All Advair diskus' to be marked with their start/open date.
 01/26/16: Corrected immediately. Date of start marked on all Advair diskus'.
 PCA staff provided training on 01/27/16 on the state regulations per marking start date on Advair diskus'. Even if marked date begins wearing off or has come off of diskus it needs to be corrected with correct start date immediately.

Administrator will continue to perform med cart audits on both med carts. Monthly.
 m
 2/10/16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehmann, Managing Member* Date *2/18/16*

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Violation Report: 22587 - 01/26/2016 - Rushin, Julianne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

The following unlabeled OTC medications were noted in a cabinet in the medication room: 1 bottle of Bayer Aspirin 81mg; 1 bottle of Bismal; 1 bottle of Advil; and 1 bottle of Centrum vitamins.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All OTC medications shall be identified with resident name and will be labeled with resident name.

01/26/16: Corrected immediately. Meds listed above were removed from med room and destroyed by Administrator. PCA staff found the above meds in a resident's room, not self-medicating. The meds in question were brought to the med room by PCA's and put in the cabinet. Corrected immediately.

01/27/16: Staff provided training on OTC meds, names, labeling, proper storage, and keeping med room doors locked at all times. Reviewed risk involved, privacy, and state regulations.

Administrator will ^{*}continue to monitor med carts and med rooms for all meds to be labeled and marked with resident name. System in place for medications found in room of residents not self-medicating to be bagged, labeled with name and locked in med room.

*The administrator shall monitor *monthly and assure ongoing compliance.*

*M
2/25/16*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehman, Managing Member* Date *2/18/16*

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Violation Report: 22587 - 01/26/2016 - Rushin, Julianne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The MAR for resident #3 was not initialed by staff to indicate that Prevalite (2 times daily) was administered on 1/9/16 and 1/12/16 at 6:00am and on 1/15/16 and 1/17/16 at 3:00pm.

The MAR for resident #3 does not indicate a diagnosis for Cholestyramine 4mg daily before meals.

The MAR for resident #4 does not indicate a diagnosis for Bismatrol Suspension every 4 hours as needed or the prescriber's name.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All MARS will have diagnosis. All MARS will be initialed by PCA staff who gave medication.

01/26/16: Corrected immediately. Diagnosis marked on MAR for Resident 3 (Cholestyramine) and Resident 4 (Pepto).

01/27/16: Corrected initials for 01/09/16 & 01/12/16 6AM and 01/15/16 & 01/17/16 3pm. PCA staff provided training for medications per state regulations. Administrator will continue to monitor MARS.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 01/28/2015	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 22587 - 01/26/2016 - Rushin, Julienne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The following residents' Preadmission Forms were not checked to indicate that the home is able to meet the residents' needs:
 Resident # 6 (admitted 10-02-15) and resident #7 (admitted 10-19-15).

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Preadmission forms will have box checked indicating the personal care home can provide for resident's needs.
 01/26/16: Corrected immediately. Box checked for resident 6 and resident 7.
 Administrator pulled all new resident screens for pre-admission to check boxes for resident needs can be provided by personal care home as marked. All pre-screens checked from 10/2015 to present.
 Administrator will mark check box on all new admission pre-admission screens to indicate resident needs can be met by personal care home.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christopher A. Lehman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christopher A. Lehman, Managing Member* Date *2/18/16*

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